
Robert J. Jann, PhD

Psychologist

CONSENT FOR APPOINTMENT REMINDERS

I authorize Robert Jann PhD, Psychology Associates and Pennsylvania Counseling Center Inc [herein together referred to as "Dr. Jann"] to provide an appointment reminder(s) to me using the automated TeleMessage program. Such reminders will be made using the telephone (by calling my home and leaving a message on my answering machine or with the individual answering the phone), an email message and/or a text message to my cell phone.

I understand that this consent is valid for seven years. I further understand that I have the right to revoke this consent, in writing, at any time for all future transactions, with the understanding that any such revocation shall not apply to the extent that the Dr. Jann has already taken action in reliance on this consent. I understand that I have the right to refuse to sign this authorization.

Please complete at least one of the following:

 <u>Telephone</u> Please use the following number to send me a voice message (____) _____	 <u>Email</u> Please send a message to the following email address _____ @ _____	 <u>Text Message</u> Please send a text message to the following number (____) _____
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Signature

Name

Date